

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 29 '950

State File No. 43267

BIRTH NO. _____		REG. DIST. NO. <u>3223</u>		PRIMARY REG. DIST. NO. <u>6090</u>		Registrar's No. <u>48</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" Liberty TWP</u>		c. LENGTH OF STAY (In this place) <u>5 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 Mi. E. Sweet Springs, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>8 Mi. E. Sweet Springs, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>		b. (Middle) <u>HERNDON</u>		c. (Last) <u>FENWICK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 19, 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 22, 1860</u>	
9. AGE (In years last birthday) <u>90</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Tenant</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Fenwick</u>		13b. MOTHER'S MAIDEN NAME <u>Julia A. Herndon</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Fenwick</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mary J. Aulgur Sweet Springs, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vascular (Arteriosclerosis)</u> ANTECEDENT CAUSES <u>Senility</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>45 min</u>				INTERVAL BETWEEN ONSET AND DEATH <u>19 min</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug</u> , 19 <u>50</u> , to <u>Dec. 19</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 15</u> , 19 <u>50</u> , and that death occurred at <u>6:10 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Don McKenney M.D.</u>		23b. ADDRESS <u>Marshall, Mo.</u>		23c. DATE SIGNED <u>12/19/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 21, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall Mo.</u>	
DATE REC'D BY LOCAL REG <u>12/20/50</u>		REGISTRAR'S SIGNATURE <u>Dolley Andrew</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Hershberger</u>		ADDRESS <u>Marshall, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12/27/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 12-27-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Joseph B. Mackler

Licensed Embalmer No. 4571

P. O. Address Marshall, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.